File with: File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

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	DISCLOSURE SUMMARY PAGE	
	COMMITTEE NAME (Must be same as on Statement of Organization)	9 PM 4: 36
(IMPORTANT: Indicate by # type of committee you are reporting for:	FORM
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	(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political	(Rev. 07/2007) REPORT
	Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political 11) Local Ballot Issue	For Office Use Only
Ì	CANDIDATE COMMITTEES ONLY:	Comm. # 15(1)
	Candidate Name Political Party (if applicable)	Scanned
	KICK OLSON DEMOCRAS	Computer
-	Office Sought HOUSE OF REPOSSOUTATIONS District (if Senate or House)	Audited
L	TOSE OF POPOSCULATIONS 68	
	Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and SIGNATURE OF PERSON FILING REPORT TELEPHONE	68A.401(3), the candidate, for a DATE SIGNED
ì	AM FILING A S / 19/10 REPORT FOR (1) ELECTION /(2)NO	N-ELECTION YEAR.
	(report date) Indicate by # 1	
	CHECK IF AMENDMENT TO REPORT DATED Local Co	ommittees, enter Date of Election
	which Ele	Local Committees, enter County in ection is held
	STATEMENT OF CASH ON HAND	
С	CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	8,16129
	ADD TOTAL MONEY TAKEN IN THIS PERIOD	
	ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1-/3-
		1750 -
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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR			
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	AAMIT VIAD VIDINESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
JAN9,201	id# Ock# 10(8	Beverly YATES 21717 Juniper Rd UNderwood IA 57576		\$500 -	INCOME
1-9-10	OCK# 1018 ID# 6082 CK# 1503	MIDAMEUILAN ENERGY CO. EFFECTIVE HOVE COMM bb66rand Ave bes Monges FA 5-0303		200-	
1-9-10	ID# 635) CK# 1581	Petroleum Marketers and Convenieur Stores of In 10430 NY Ave Ste. F URISANCATE TA SOIL		250-	
	ID# CK#				
1-9-10	ID# 9663 CK# 702	Citizens Fon Preservature F PALLED ANSEKH H30 4837 ANSEKH H30 Ulbandale, IA 50322		500 -	
1-12-10	ID# 8026 CK# 20160	They Education Coan goo Serenti NW Washington DC 2000 1		250-	
	_{ск#} 305/	DANIEL ROTHMAN 4619 N.E. MEDOUGAL ANKENY IA 50021		50	
	CK#	,			
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____of___/

TOTAL (if last page of this schedule)

SCHEDULE

Reset Form